



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5869

Bib Data Sheet

SERIAL NUMBER 09/802,468	FILING DATE 03/09/2001 RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. 066744-0012
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

APPLICANTS

Kenneth J. Ruchala, Madison, WI;
 Gustavo H. Olivera, Verona, WI;
 Thomas R. Mackie, Verona, WI; Jeffrey M. Kapatoes, Madison, WI;
 Paul J. Reckwerdt, Madison, WI;

** CONTINUING DATA *****
NO
 NONE

** FOREIGN APPLICATIONS *****
NO
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>NO</i> Initials	STATE OR COUNTRY WI	SHEETS DRAWING 3	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	------------------------	----------------------	----------------------------

ADDRESS
 20572
 GODFREY & KAHN S.C.
 780 NORTH WATER STREET
 MILWAUKEE , WI
 53202

TITLE
 System and method for fusion-aligned reprojection of incomplete data

FILING FEE RECEIVED 2199	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------